

TACTICAL RESPONSE REPORT/Chicago Police Department

3. DATE OF INCIDENT 27-JUL-2015		4. TIME 16:48:00		5. ADDRESS OF OCCURRENCE 1500 DONOVAN DRIVE CHICAGO HEIGHTS, IL			6. LOCATION CODE 330		7. NEARBY ADDRESS 3100	
SUBJECT INFORMATION	8. POSITION 9161	9. LAST NAME RENO	10. FIRST NAME MARK A	11. STAR NO. 19605	12. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	13. RACE CODE WHI	14. AGE 508	15. PT 160		
	16. DATE OF APPT. 04-NOV-1996	17. EMPLOYEE NO. [REDACTED]	18. UNIT & BEAT OF ASSIGNMENT 193 6572I	19. CIVIL STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	21. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	22. LAST NAME TYLER	23. FIRST NAME SHAQUILLE	24. M.I. [REDACTED]	25. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	26. RACE BLK	27. D.O.B. [REDACTED]	28. HT. 507	29. WT. 145		
	30. ADDRESS [REDACTED]	31. TELEPHONE NO. [REDACTED]	32. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	34. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Hospitalized <input type="checkbox"/> 03 Not Hospitalized <input type="checkbox"/> 04 Refused Medical Aid					
	35. WHERE WAS MEDICAL TREATMENT OBTAINED? DR.	36. CONDITION [REDACTED]	37. CB NO. 00000000	38. DNA	39. DNA					
	40. CHARGES PLACED			41. SUBJECT'S ACTIONS	42. MEMBER'S RESPONSE	43. PASSIVE RESISTER	44. ACTIVE RESISTER	45. ASSAULT:ASSAULT	46. ASSAULT:BATTERY	47. ASSAULT:DEADLY FORCE
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	STIFLED (DEAD WEIGHT) <input type="checkbox"/>	OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>
	SHOCKED <input type="checkbox"/>	OTHER _____	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	WEAPON <input checked="" type="checkbox"/>	
	MEMBER'S PRESENCE <input type="checkbox"/>	MEMBER'S PRESENCE <input checked="" type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	MEMBER'S PRESENCE <input type="checkbox"/>	MEMBER'S PRESENCE <input type="checkbox"/>	MEMBER'S PRESENCE <input type="checkbox"/>	IMPACT MUITION (Describe in Box 40) <input type="checkbox"/>	IMPACT MUITION (Describe in Box 40) <input type="checkbox"/>	
	VERBAL COMMANDS <input type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	OTHER _____	OTHER _____	VERBAL COMMANDS <input type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	VERBAL COMMANDS <input type="checkbox"/>	OTHER _____	OTHER _____	
ESCORT HOLDS <input type="checkbox"/>	ESCORT HOLDS <input checked="" type="checkbox"/>	OTHER _____	OTHER _____	ESCORT HOLDS <input type="checkbox"/>	ESCORT HOLDS <input checked="" type="checkbox"/>	ESCORT HOLDS <input type="checkbox"/>	OTHER _____	OTHER _____		
WRISTLOCK <input type="checkbox"/>	WRISTLOCK <input checked="" type="checkbox"/>	OTHER _____	OTHER _____	WRISTLOCK <input type="checkbox"/>	WRISTLOCK <input checked="" type="checkbox"/>	WRISTLOCK <input type="checkbox"/>	OTHER _____	OTHER _____		
ARMBAR <input type="checkbox"/>	ARMBAR <input checked="" type="checkbox"/>	OTHER _____	OTHER _____	ARMBAR <input type="checkbox"/>	ARMBAR <input checked="" type="checkbox"/>	ARMBAR <input type="checkbox"/>	OTHER _____	OTHER _____		
PRESSURE SENSITIVE AREAS <input type="checkbox"/>	PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/>	OTHER _____	OTHER _____	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/>	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	OTHER _____	OTHER _____		
CONTROL INSTRUMENT <input type="checkbox"/>	CONTROL INSTRUMENT <input checked="" type="checkbox"/>	OTHER _____	OTHER _____	CONTROL INSTRUMENT <input type="checkbox"/>	CONTROL INSTRUMENT <input checked="" type="checkbox"/>	CONTROL INSTRUMENT <input type="checkbox"/>	OTHER _____	OTHER _____		
OC/CHMICAL WEAPON <input type="checkbox"/>	OC/CHMICAL WEAPON <input checked="" type="checkbox"/>	OTHER _____	OTHER _____	OC/CHMICAL WEAPON <input type="checkbox"/>	OC/CHMICAL WEAPON <input checked="" type="checkbox"/>	OC/CHMICAL WEAPON <input type="checkbox"/>	OTHER _____	OTHER _____		
WAU/HUMILIZATION <input type="checkbox"/>	WAU/HUMILIZATION <input checked="" type="checkbox"/>	OTHER _____	OTHER _____	WAU/HUMILIZATION <input type="checkbox"/>	WAU/HUMILIZATION <input checked="" type="checkbox"/>	WAU/HUMILIZATION <input type="checkbox"/>	OTHER _____	OTHER _____		
OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____		
48. OC/CHMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				49. ADDITIONAL INFORMATION OFFENDER'S WEAPON=.380 SEMI-AUTOMATIC PISTOL						
50. POSITION		51. STAR NO.		52. UNIT		53. WEATHER CONDITIONS CLEAR				
<input type="checkbox"/> 01 REVOLVER		<input checked="" type="checkbox"/> 04 SEMI AUTO PISTOL		54. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		55. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		56. CALIBER/GAUGE 9 MM		
<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 05 CHEMICAL WEAPON		57. MAKE/MANUFACTURER GLOCK, INC.-AU-		58. MODEL 26		59. BARREL LENGTH 3.49		
<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 06 TASER (Probe Discharge)		60. WEAPON SERIAL NO. (Include Letters) UEA872		61. CHICAGO GUN REG. NO. R029194S		62. FIREARM OWNER ID. NO. [REDACTED]		
63. TASER DART ID NO.		64. PROPERTY INVENTORY NO.		65. TYPE OF AMMUNITION USED Department Issued		66. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		67. TOTAL NO. OF SHOTS MEMBER FIRED 5		
68. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		69. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		70. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		71. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		72. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		
73. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		74. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		75. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		76. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				
77. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN		78. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		79. DATE REVIEWED 27-JUL-2015 23:10:59		80. TIME 23:10:59				
81. CASE INFO. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
82. SIGNATURES 73. REPORTING MEMBER (Part Name) RENO, MARK A 27-JUL-2015 23:10:59										
83. REVIEWING SUPERVISOR (Part Name) MANNION, SHEAMUS 27-JUL-2015 23:12:09										

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LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject receiving medical treatment.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at the time, it is the preliminary determination of the undersigned that Officer Reno acted in compliance with Department policy in that he fired his weapon in fear for his life at the offender after the offender pointed a firearm at the Officer.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./ORNO: _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ANDREWS, CONSTANTI G

SIGNATURE

DATE COMPLETED

TIME

27-JUL-2015 23:17:52

79. TOTAL TRRS THIS EVENT NO.

1